BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH	050
1. PLACE OF DEATH	90	
County Monlgomery	Registration Dist. No. 2/	3
Village or City The claswille	No	Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and not street and	
2. FULL NAME Lillin Maus	allen	
(a) Residence: No. Pockville M	d St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS 3. 9EX 4. COLOR OR_RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Jemale While OR DIVORCED ("write the word)	(Month) (Day)	193. 2) (Yaar)
5a) If merried, widowed, ordivorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That Vattended d	leceased from
1 1 to 10 = 1023	May 193 to VAV	19.3.2
6. DATE OF BIRTH (month) day, and year) 7. AGE Years Months Days If LESS than	I last saw h 1932 to have occurred on the date stated above, atm.	; death is said
7 q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows: Chronic Bulmonary tutered	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	The state of the s	about
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		March 1931
1D. Date deceased last worked at this occupation (month and year) occupation		
	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) - A Cuytand		
13. NAME Mary Mycel		
13. NAME Mary Mystel 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIOEN NAME Isaac Nocles 16. BIRTHPLACE (city or town) TENNO (Cotto or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Mian Foelfie Bennett	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL. Pena Oct 29, 1932	Manner of injury	
19. UNDERTAKER DM. Peuben Tumphirey	24. Was disease or injury in any way related to occupation of deceased?	20
(Address) (Fo Skevelle M. J. F. 20, FILED /0/28, 1932 Mrs. U. J. Prael-Registrar.	(Signed) And Hardley (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County My	CERTIFICATE OF DEATH
	Registration Dist, No. 2/4
0.1. 11 -	
Village or City feller ffring (No.	St.: Ward) (If death occurred in a hospital or institu-
11.	tion, give its NAME in-
2FULL NAME // Carry Jan	() Leave number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Franch White OR DIVORCED	CC1 -, 1992
Leung William (Write the word)	(Month) (Day) (Year) (Year)
6 DATE OF BIRTH	aug. 1 31 03 127 33
July 21, 1865	
(Month) (Day) (Year)	that 1 last saw ham alive on
7 AGE [If LESS than	and that death occurred on the date stated above, at
67 yrs. 2-mos. 10 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	
(a) Trade, profession or	Mary Albert State of the State
particular kind of work (b) General nature of industry	***************************************
business, or establishment in	(Duration)yremosde.
which employed or (employer)	Contributory Hogy & Line .
9 BIRTHPLACE (State or country)	Secondary /
I 10 NAME OF	(Durstion) yrs mos Ode.
FATHER Richard Reel	(Signed) . M. D.
0 11 BIRTHPLACE	(Address) Sold strong of flethering files
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
U 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Jane Conty	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
RR R. II	Former or usual residence.
(Informant) W. Jaartsug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) films flying med	Fairfax 1 2 093 132
15 / 5 70 1	20 UNDERTAKER ADDRESS
Filed 1922 4 J-F. 1922 4 D-F.	2N March. 1814H NV
Registrar	10 W Santara St. Rales Proventing V S No. 1
If more branks are nasded, addra's State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) Grocery. eman, (b) Automobile factory. The materia Compositor, Architect, For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, men-(secondary Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be cough; Chronic valvular heart disease etc. Nomenclature of the The contributory (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

H UNFADING INK-THIS IS A PERMANEN N. B.—WRITE PLAINLY.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE	OF DEATH	OF MARYLAND	—CERTIFICA	SAL OF DEA	ATH 110	52
County_	monton	real		Registration	Dist. No. 非Q	16
Village o	r City Bell	header Mi	No		st.,	Ward
Length of	residence in city or town where	e death occurredyrs	(If death occurred in a hospita mosp. ds How long i	in U.S. if of foreign birth?		
2. FULL N	IAME am	1 Piles J	todars Bo	hres		
(a) Resi	dence: No. 5009	- Ballen So	ut St., Ward			
PERSO	DNAL AND STATIST	(Usual place of abode) TICAL PARTICULARS	MEDI	CAL CERTIFICATE	t give city or town and	State
3. SE/9	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE	21. DATE OF DE		h ~/	
Frmal	e While	OR DIVORCED (write the wor		(Month)	(Day)	, 193 32 (Year)
5a. If married, wi HUSBAND o (or) WIFE o	dowed, or divorced	0 0 0 0	22. I H E I	REBY CERTIF	Y Thatel attended	dheased from
(OF) WIFE O	Chai	eles John	aug 7	1982,19 (ed a8	1982
6. DATE OF BIRT	H (month, day, and year)	Jec 16-1834	I last sawhen al	live on Cect	28 ,1932	death is said
7. AGE	Years Months	Days If LESS th		e date stated above, at	5.7.m.	
107.4	18 10	12 1 day,min.	were as follows:	E OF DEATH and related caus	ses of Importance	Date of onset
8. Trade, pr	ofession, or particular of work done, as SPINNER, 'ER, BOOKKEEPER, etc	House wel	a de la	caches)		
9. Industry	or business in which					
SAW 10 Date dec	was done, as SILK MILL, MILL, BANK, etceased last worked at	11. Total time (years)				
O this o year)	ccupation (month and	spent in this occupation				
12. BIRTHPLACE	(city or town) Wa	olinglow D.	Dther Contributory Caus	uses of importance:		
(State or						
13. NAME	Drujami	Lhomas Hod	ES	*******************		
	ACE (city or town)	many and	Name of operation		Date of	
~ (State	or country)	6 100 BI 0	What test confirmed dia		Was there an a	
H		a visa vacio		xternal causes (VIOL ENCE) fi		
	ACE (city or town)	Juguna	Where did injury occur?	micide?	Date of injury	, 19
17. INFORMANT	Elmabrile	Wiss Hodas			r town, county and Stat	e) ACF
(Address)	5009 - Ba	Chiny Cane Bellis	<u></u>	=======================================		
(.)	NATION, OR REMDYAL	Ceni Oaksi	Manner of injury			
Place	O O	Date 4 0 31 193	Nature of injury			
19. UNDERTAKER (Address)	Whi ruber	V Impolury		y in any way related to occup	pation of deceased?	
F8-4	- 81 22 C	3 . 00	If so, specify (Signed)	Deur C	Ten	V M D
20. FILED	19.2 L	Registra	4.	TOOKRO	sala V	hat,
	If mor	e blanks are needed, address State Region	of, 2411 N. Charles Street, Bal	ltimore, Requesting U. S. No.	. 1.	- Australian

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Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

Every item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSICIANS should effice CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERM A FOR INK--THIS RESERVED WITH UNFADING MARGIN WRITE

No

20

3

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Monty omery	CERTIFICATE OF DEATH
1 1 marks and a species	Registration Dist. No. 2/2
Village or City Ancherson (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME FLAMPIS ENT	1) Burch tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Letober 16 1982). (1982). (Year)
6 DATE OF BIRTH July 75, 1907 (Month) (Day) (Year)	that I last saw h Malive on Old 16 1971.
7 AGE 25 yrs. 2 mos. 2 / ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs. mos. 5 ds.
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Jacobal. Johnson	(Signed) M. D. M. M. M. M. D. M.
OF FATHER (State or country) W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Bestrice V, Pope	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) Mol,	At place of deathyrsmosds. In the State 2 Jyrsmosds. Where was disease contracted,
(Informant) Dus. Beatrice V. Wells.	if not at place of dea h?
(Address) Barnesvill, Mod,	Tyalls for Ch. 17, 19.32
15 Filed Och /7 19232 mrs. C. P. Killow.	W. J. Hillow Down Barnesoch

If more b.anks are needed, addre.s Ltate Kegistrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

11459

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g., Farmer or Flanter, tion applies to e.ch and every person, irrespective e tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as As examples: (a) (b) Grocery; Day

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st_ted unless important. Example: Measles (disease "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, reritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as cun be ascertained as the cause. approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY on," "Heart failure," "Haemorrhage," valvular heart disease; etc. The Always qualify all contributory not be

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

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County Montgamen		Registration Dist. No. 2/3
Village or City Hen Parill	(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occursed	yrsmos.	
2. FULL NAME Still	born)	I full.
(a) Residence: No. (Usual place of al	bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED OR LITTLE OR DIVORCED OR LITTLE OR DIVORCED OR LITTLE OR DIVORCED OR LITTLE OR DIVORCED		21. DATE OF DEATH Officer 28 (Month) (Day) (Year)
HUSBAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year)	1930	22. I HEREBY CERTIFY, That I attended deceased fro
7. AGE Years Months Days	If LESS than day,hrs.	to have occurred on the date stated above, 6m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trada, profession, or particular kind of work done, os SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and specific profession).		Stillborn 3 rg mos
10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time occupation (month and year) 12. Total time occupation (month and year) 13. Total time occupation (month and year) 13. Total time occupation (month and year) 14. Total time occupation (month and year) 15. Total time occupation (month and year) 15. Total time occupation (month and year) 15. Total time occupation (month and year) 16. Total time occupation (month and year) 16. Total time occupation (month and year) 16. Total time occupation (month and year) 17. Total time occupation (month and year) 18. Total time occupat	this	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State (State or country) McC (State or country) McC (State or country) But 13. NAME	1.	
	(
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Cora S. Shan	v.	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Gra S. Shan 16. BIRTHPLACE (city or town) (Stata or country) M. C.		Accident, suicide, or homicide?
17. INFORMANT Cora & Butt (Address)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mill Date Ook.	29,1932	Manner of injury
19. UNDERTAKER Erregy S. But I.		24. Was disease or injury in any way related to occupation of decaasad?
20. FILED 16-29, 1932 mis W.J. Ra	Registrar.	(Signed) Jarte M. (Address) Laste M.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MEDICAL CERTIFICATE OF DEATH (Yeer) HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Was there an eutopsy?. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_______, 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased? (Address) 2-0/2-11. St. Tues 11/2-04 Registrar. If more blanks are needed, address State Registrar, p411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BURRAU V. D.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	DEC 2 1935	3 days ago
			CEVISORS:	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

BINDIN RESERVED

Jo

1. PLACE OF DEATH

OCCUPA plnods Village or City JO (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? _____ yrs. ____ mos. statement ECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR-DIVORCED (write the word) (Month) classified. 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended daceased from (or) WIFE of M 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months proper Days to have occurred on the date stated above, at. I day,hrs. PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onsat 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was dona, as SILK MILL, may plnous SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yaars) this occupation (month and spent in this that occupation _. Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied plain terms. FATHER 14. BIRTHPLACE (city or town). Name of operation. (State or country) carefully What test confirmed diagnosis Was Nere an autopsy? OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town $\mathbf{\Xi}$ (State or country Whera did injury occur?___ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMAN (Addresa) OF Manner of injury WRITE 6 CAUSI LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signad) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1 to Augustia	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ogo
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Montgomery Village or City Olney, Marryland	CERTIFICATE OF DEATH Registration Dist. No. 217 The Montg. Co. General Hospital No. St., death occurred in a horpital or institution, give its NAME instead of street and no. 2 ds. How long in U. S. if of foreign birth? 111 ers. mos	
(a) Residence: No.Brookeville, Maryland (Usual place of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (OK) WIFE OF	22. HEREBY CERTIFY, That I attended do October 6, 19 32, to October 20	eceased from
6. DATE OF BIRTH (month, day, and year) March 5, 1846 7. AGE Years Months Days If LESS than I day,hrs. orhrs. ormin.	to have occurred on the date stated above, at 10: 50 Am. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death is said
kind of work done, as SPINNER, None SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at 1927 11. Total time (years) this occupation (month and year)	Caronary Thrombosis	l day
12. BIRTHPLACE (city or town) Unity, (State or country) Montgomery Co., Maryland	Other Contributory Causes of importance: General arterosclerosis	6 yrs.
13. NAME William Dwyer 14. BIRTHPLACE (city or town) Brockeville, (State or country) Montg. Co., Maryland	Name of operation None Date of Was there an au	opsy?_NQ
15. MAIDEN NAME Miss Sarah Jane Coomes 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Hospital records (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION OR REMOVAL Place MAT Carnel Date OT \$\frac{1}{2} 2 1932	Manner of injury	
19. UNDERTAKER Roll 21 Barbar (Address) Thirthershore 2007	24. Was disease or injury in any way related to occupation of deceased?N	0
20. FILED I COLO 1, 1932 CS Barksley Registrar.	(Signed) Sandy Spring, Maryland	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 13 75	1 year

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.

V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Moulannery	Registration Dist, No. 2(4
Village or City Silver Shring a	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or form where death occurred	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Clonys Doul	Nyce
(a) Residence: No. 85 0 2 - Majole W	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malt Whele S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 23 , 193 (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Loura Jemus M. Dyce	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quly 8 1883	I last saw h is alive on Och. 23, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-20 m.
49 30 P3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	P · Ossa
kind of work done, as SPINNER, SAWYER BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	today mensyman C41432
Modustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
- 4 14 this occupation (month and	
11/02 1 = 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ban Mit.
13. NAME A. D. D. Wes	of nonce
13. NAME 1. D. yell 14. BIRTHPLACE (city or town) Manusland	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Wow Was there an autopsy?
15. MAIDEN NAME & Franciscon 16. BIRTHPLACE (city or town) Arguna	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) 8205- Markly and Silve Sh.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Irlington Pat. Jely Oate VCV 33, 1933)	Nature of injury
19. UNDERTAKER Om Kouben Tumpstury	24. Was disease or injury in any way related to occupation of deceased?
(Address) Pockville md - T	If so, specify
20. FILED Och 24, 1932 J.G. Budling	(Signed) M. D.
W CRegister.	(Address) 75 12 Act Comments

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

V. S. No. 1

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 11002
1. PLACE OF DEATH	(97)
County/Montgracy	Registration Dist. No. 216
Village or City Where Charle	No. 4600 reland St., W.
Length of residence In city, or town where death occurred 2 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME TROMAS (6	n an al
(a) Residence: No. 4600 delland	Ot Mark
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOV WINDOW WILLIAM WILLIAM WILLIAM WILLIAM WILLIAM SINGLE, MARRIED, WIDOV WILLIAM WILLIA	
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Dannag Cagan	1932 to 195
6. DATE OF BIRTH (month, day, and year) ICHT /8 49	last sow h and alive on 8cf 1933; death is:
7. AGE Years Months Days If LESS	
82 10 5 1 day,	in was a cyllane.
8 Trade profession or particular	Secret Chilety - Date of on
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and this occup	Urlens selevores
10. Oate deceased last worked this occupation (month and year) 11. Total time (years) spent in this occupation occupation	30
12. BIRTHPLACE (city or town) Sulfurd (State or country)	Other Contributory Causes of importance:
13. NAME Sunothy again	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Taway Ryan	23. If death was due to external causes (VtOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT MARY MURY GUELL REGISTRATION (Address) 4000 Colour Kell C. C.	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 1	Nature of injury
19. UNDERTAKER MANUA / Starte / 3. (Address) Souvelle rand. A. 3.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Got 9, 1932 Deuj C Jen Regis	(Signed) Lynn M
	resistar, 247 N. Charles Street, Baltimore, Requesting V. S. No. 1.

11069

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be feturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis :	3 days ago	
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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		1 ti atima	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

فسوراطيا	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

should state

of OCCUPA.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County / Oulgamery	Registration Dist. No. 2/3
Village or City / Lo clevelly	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(If Length of residence in city or town where death occurredyrsmos.	
m. 81. 1 L	The state of the s
2. FULL NAME /Mary Coling which I	nspie
(a) Residence: No. / or / will (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	October 26 1932
5al If married widowed or divorced	(Month) (Day) (Year)
5al If-married; widowed, or divorced HUSBAND of (or) WIFE of The All O Fr	22. I HEREBY CERTIFY, That attended deceased from
(or) WIFE OF Melland & Fisher	Och, 18 ,1932 10, Och. 26 ,1932
6. DATE OF BIRTH (month, day, and year) Ct 6, 18 h 5	I last saw h 12 alive on 91, 25, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at I occm.
8 4 0 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Cerebral apopleyay Oct. 18.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
To: Date deceased last worked at this occupation (month and year) spent in this occupation	
Rockspille	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) / (State or country) / markay & Mid	Aslerio Aclestas
13. NAME Frankling Ch. Boswell 14. BIRTHPLACE (city or town) - Chronelle (State or country)	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary & Beckwith 16. BIRTHPLACE (city or town) A or Awille (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ellard . The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL, SL Marin Curs	
Place och ville toate Det 28, 1932	Manner of injury
1 P P 1	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) for fruitle that d	If so, specify
20. FILED 10/28 , 1932 Mrs. W. J. Prall	(Signed) A. D. D. D. D. M. D.
Registrar.	(Address) Row Duk

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	1 1935 H. See 1935	
-	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis - Other contributory causes of importance:

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Example II Example 1 The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TYDDITTOTTA	DI TION I OI	r r Ole I III 1711e	MITTER TRANSPORT IN	101	T TT T OT CATATA

PLACE OF DEATH	STATE OF MARYLAND
County would	© CERTIFICATE OF DEATH
	Registration Dist No. 216
Village or City Me (No. 304 C	Jarrian St.: Ward) (If death occurred in a hospit it or institution, give its NAME istead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH October 7, 1997 2 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hem alive on 11/2 5,
Syrs. mos. ds. or min.?	The state of the s
(a) Trade, profession or particular kind of work	Cudio bascula, Reval
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (andre variable) Reval
9 BIRTHPLACE (State or country) Les Cor Drd	Secondary (Duration) 1 ves de,
10 NAME OF James Domingram Tarrison	(Signed) James & Chickering M.D.
OF FATHER (State or country) (State or country) (State or country) (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother pary Ellen armen.	BLINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death yes
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mr. J. Melecler (Address) (30) 4 Raymond St.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 10-7-1932 thomas Could Registrar	20 UNDERTAKER TUILLY ADDRESS ADDRESS
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11057

(Approved by U. S. Census and American Public Health Association.)

Spinner, laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwork, household only (not paid Housekeepers who receive a definite salary, may be entered as Housewife, Houseshould be used only when needed. cases, especially in industrial employments, it is neces-Statement business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serunt, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, whatever write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer Laborer-Coal mine, etc. Wom-Wrs . (b) Cotton mill; (a) Salesman, (b) Gracery; man, (b) Automobile fuctory. The material of Occupation - Precise statement of oc-For persons who have no occupation Architect. Locomolive engineer, As examples: (a) The ques-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diahlheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Traemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart "Old Age," "Old Age," "Atc., when a de American Medical Association. telunus) may be stated under the head of "contributory." "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOVICIDAL, taken. diseases secondary Whooping cough; unqualified, is indefinite; Tuberculosis of lungs, men-Recommendations on statement of cause of perilonacum, etc., Never report mere symptoms or terminal condi-. name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need (hronic Carcinoma, Sorcoma, etc., of etc. The vulvular heart disease, contributory Poisoned by Measles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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		and the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis:	1 year

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		/
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	PLAINLY, WITH	hould be carefully s	CAUSE OF DEATH in plain
V. S. No. 1	N. BWRITE	mation should be	CAUSE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-4)
County Montg Co	Registration Dist. No. 2/8
Village or City Gaithers wurg	No. St., Ward
	It death occurred in a hospital or institution, give its NAME instead of street and number)
	s. 2 ds. How long in U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Samuel S Gloyd	
(a) Residence: No. Gaithersburg Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIOOWED.	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (COMPANION)	21. DATE OF DEATH OF - 17 (Day) (Year)
5a. IProvided, widowed, or discoved HUSBANO of Clina Gloyd	22. 8 9 HEREBY CERTIFY. Has I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 25th I84I	i last saw him alive on ore8 - 17 , 198 - death is said
7. AGE Yaars Months Days If LESS than 1 day, hrs	to have occurred on the date stated above, at POP.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
90 III DE or rain.	were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Retired	Morradial merthance 1001
SAWYER, BOOKKEEPER, etc. Retired 9. Industry or business in which Government Emp.	1731
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0
kind of work done, as SPINNER, Retired 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) Dout spant in this occupation conupation.	
12. BIRTHPLACE (city or town). Maryland	Other Contributory Causes of Importance:
(State or country)	
E 13. NAME Samuel Gloyd	
13. NAME Samuel Gloyd 14. BIRTHPLACE (city or town) Md (State or country)	Name of operation Oate of
(Grate of county)	What test confirmed diagnosis? Was there an autopsy? It
15. MAIDEN NAME Rebbecca Swamsley Md	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Security) George Gloyd	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT GAITHERS DURG Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clopper Date Oct 19,19 3	Nature of injury
E C GARTNER	24. Was disease or injury in any way related to eccapation of deceased? 2
19. UNOERTAKER Gaithersburg Md	ff so, specify
20, FILEO D. 4.19 1952 Backel Dare Etchison	(Signed) (Signed) M.D.
Registrar.	(Address) garthersong mg.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combal honomakasa	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

Registrar.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemarrhage	July 5, 1927	Peritanitis	3 days ago
		gaalgaga	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

Complete Commence of the Complete Compl	And the relation of the party of the latest				
				ertificate.	ON is very important. See instructions on back of certificate.
of OCCUPA.	statement	Exact	classified.	properly	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
should state	HYSICIANS	Y. P.	XACTL	stated E	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
item of infor-	ORD. Every	VEC	RMANEN	IS A PER	VRITE PLAINLY, North UNFADING INK-THIS IS A PERMANEN CECORD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	71
County mond gowers	Registration Diet No. 2/	13
Village or City Roelfwille	mogistration Dist. 140.	
(If	NoSt.,	imber)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME MICLS Hall		
(Usual place of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	, atc
Nale Slach S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 Q
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended do	eceased from
S. DATE OF BIRTH (month, day, and year)	t last saw h. is alive on October 6 , 1932;	
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:40 Pm.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of onset
9. Industry or business in which	Henry haze from	Oct 6
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Lungs f	1732
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (all has occupation all has occupation (all has occupation all has occupated all has occupation all has occ	······································	
2. BIRTHPLACE (city of town)	Other Contributory Causes of importance:	
(State or country) for don	Julies culosis	
13. NAME PUCK Hall		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an aut	lopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT Della Brown	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Den Coln Paskate US 9, 1932	Nature of injury	
9. UNDERTAKER Seo R. Mow den	24. Was disease or injury in any way related to occupation of deceased?	
10. FILED. 10/8 , 1932 Mrs. W. J. Pract Registrar.	(Signed) (J.), Many Johney Roe	Jeself
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.	6

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	il.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GBAISOSSI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 your

who had no o

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of importance

Arteriascierosis

Carebral hemor: Date of

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If so, specify

2

19. UNDERTAKER

(Address)

BINDIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
STORAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

If more blanks are needed, addre State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEAMSON	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 11075
1. PLACE OF DEATH	(46)
County / Co	Registration Dist. No.
Village or City	ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Margaretti	Jackson.
(a) Residence: No. Morbeck, Ma.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH
remail Colord marrier	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of Jackson	- Lelas 27 1932 to Oct 1/ 1937
DATE OF BIRTH (month, day, and year) aug - 1875	I last saw h a elive on O T // 1932 death is sai
AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at _ 6 55 p. m.
57 1 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Marchali Win
9 Industry or business in which work was done, as SILK MILL,	Th. 1,3
10. Date deceased last worked at this occupation (month and year) - 19 31 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
0/:-:	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	Course free 1981
13, NAME	-
a di ani	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME AND THE BOOK TO THE STATE OF	What test confirmed diagnosis? Was there an autopsy? A
Or Carried Teacher	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
-6	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
7. INFORMANT (Address)	opens whether injury occurred in INDUSTRY, in HOME, of IN PUBLIC PLACE,
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Larbert Date God 14, 1936	Nature of injury
9. UNDERTAKER Ray W. Barber	24. Was disease or injury in any way related to occupation of deceased?
(Address) Haithersburg ma	If so, specify
O. FILED J. C. 1332. C. Barnsley	(Signed) . A Byrrer M. D
Registrar.	(Address) filmy flering 11 d

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			-4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ii ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory eauses of importance:

RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. IS A PERMANEN FOR BINDING artificata WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be TION is very important. See incommend MARGIN RESERVED PLAINLY, B.-WRITE ż

S. No. 1

STATE OF 1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 1107	8
County Monly Village or City Post		Registration Dist. No. 213. No. St., St., death occurred in a horpital or institution, give its NAME instead of street and numb	Ward
2. FULL NAME (a) Residence: No.	Stillborn)	Fling St., J Ward.	ds.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	-
	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Arrie Mile word)	21. DATE OF DEATH October 16 193	2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(vinevory)	22. HEREBY CERTIFY, That attended decer	esed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on the date states more at	ath is said
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	11. Total time (years) spent in this occupation	Other Contributory Canses of importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Gred King	Name of operation Date of What test confirmed diagnosis? Was there an autop:	
15. MAIDEN NAME Farm 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Roole Bridg	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place Parksull	Date Och: 17, 1932	Manner of injury	
19. UNDERTAKER John follows: 20. FILED. 135-17, 1932 mg	frach Pagning. W. T. Crael. Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.



Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
	7		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(2)
County Montgomery	Registration Dist. No. 218
Village or City Gaithersburg	
2. FULL NAME Stillborn King	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	OWED, 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) October 22, 1	19 32 I last saw h alive on , 19 ; death is said
	SS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Md.	
Walson King	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Alice A. King 16. BIRTHPLACE (city or town) (State or country) Maryland. 17. INFORMANT (Address)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER 9 (Address) / 20. FILEO April 11, 1933. CS Barrieley	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) CF3 armley I.R. XXX (Address) Ulnut had

N. B.—WRITE PLAINLY,

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

See instructions on back of certificate.

TION is very important.

WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING

ECORD. Every item of infor-

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH County Willage or City. Ward Gl. death eccurred in a horpital or institution, give in NAME increed of street and number) Itempth of residence in city or offen where death occurred. As. FULL NAME (a) Residence: NO. T. PLACE OF DEATH (b) Residence: NO. T. PLACE OF DEATH (c) Residence: NO. T. PLACE OF DEATH (c) Residence: NO. T. PLACE OF DEATH (d) Residence: NO. T. PLACE OF THE NO. T. PLACE OF TH	STATE OF MARYLAND—	CERTIFICATE OF DEATH	079
Village or City Kendley Mark Length of residence in city or your where death occurred Length of residence in city or your where death occurred A. How long in U. S. If of foreign birth? Yes A. How long in U. S. If of foreign birth? Ward. It nonresident give city or town and Shate PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WHOWED Of DIVORCED (spair the word) Sa. It married, widowed, or divorced HISSAND OF BIRTH Month, day, dwd year) T. AGE Vests North Or Month Or M	1. PLACE OF DEATH	9370	
Length of residence in city or 16 km where death occurred yets. 2. FULL NAME (a) Residence: NO. Or. Purphish of country of the whole of the word of	county montgy	Registration Dist. No. 2/	
Length of residence in city or 50m where death occurred 2. FULL NAME (a) Residence: No. Or .	Village or City Konstrugton (III		
(Justifier of Booth (Justifier of Booth) St., Ward. It nonesident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED OR DIVORCED (gain the word) 8. It matried, widowed, or divorced (co) WIFE of 6. DATE OF BIRTH Inform, day, and year) 7. AGE Years Months Oays IT LESS than I day, htt. Or min. Said of with done is STINNER. And of with done is STINNER. And of with done is STINNER. And of with done is STINNER. Work work was done, as STINNER. Oate of soundry (State or country) Tall BIRTHPLACE (city or town) Oster of sountry) Tall BIRTHPLACE (city or town) Oster of sountry Tall BIRTHPLACE (city or to			
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5a. If merited, widowed, or divorced the first of the company of t	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agric the word)	21. DATE OF DEATH Oct 20	193 2
HUSBAND of (or) WIFE of (or) WI		(Month) (Day)	(Year)
7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, pfolession, or particular Mind of work done, as SPINNER, SWYER, BOOKKEERE, etc. 9. Industry or business in which SWYER, BOOKKEERE, etc. 10. Date deceased last worked at the occupation (month and soft years) occupation (4 oays). 11. Total time (years) spent in this occupation (month and soft years). 12. BIRTHPLACE (city or lown). (State or country) 13. NAME JAMELLE ALL DATES OF DEATH and related causes of importance. 14. BIR MPLACE (city or lown). (State or country) 15. MAIOEN NAME JAMELLE NEW JAMELL	HUSBAND of		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Continue	6. DATE OF BIRTH (Month, day, and year) 18601859	Hast saw her alive on Oct 19 192	; death is said
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, steel in this occupation (month and occupation work was done, as SPINNER, spent in this work was done, as SPINNER, spent in this work was done as SPINNER, spent in	T. AGE		
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17. INFORMANT NV J. Seem's Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Lar Well Ma Date Och 23, 1932 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Signed) 19. UNOERTAKER (Signed) 10. Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 19. UNOERTAKER (Signed) 19. UNOERTAKER (Signed) 19. UNOERTAKER (Signed)	5 16. BIRTHPLACE (city or town).	- 1	, 19
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Place Clar Hell Ma Date Oct 23, 1932 Nature of injury / 19. UNOERTAKER William Street		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	ICE.
19. UNDERTAKER William Company (Address) 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER William (Signed) 20. FILED Det 21, 19.32 UD deceased (Signed) 20. FILED Det 21, 19.32 UD deceased (Signed)		Manner of Injury L	
(Address) (Address) (Address) (Signed) (Signed) (M. D.	Place exact till on a Date Oct 13, 1932	Nature of injury	
(Address) Kensnyka If so, specify W. D. Securio M. D. (Signed) W. D. (Signed)	19. UNDERTAKER W. L. Lecris	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILED CET 1922 CO a Cesus		If so, specify	
Registrar (Address) Recommendation (Address)		- Transfer	MA M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11080
County Morlsomery	Registration Dist. No. 2/3
Village or City Derwood	No. St. Ward
Length of residence in city or town where death occurred 50 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?
1 0 m	
2. FULL NAME Laura C Magnide	
(a) Residence: No. Curva v al (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Surgle	21. DATE OF DEATH Oct 25 1932 (Month) (Day) (Year)
Mal If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1932-
6. DATE OF BIRTH (month, day, and year) Obril 8-188.	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 P.m.
50 6 17 lay,hrs	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Lobar premoria 10-25-3
work was done, as SILK MILL, SAW MILL, BANK, etc.	(f
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Many land	Other Contributory Causes of importance:
(State or country)	- acute Carchae delitation 10-25-
13. NAME Bracky Magnules 14. BIRTHPLACE (city or town) Many Land	
	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 12.9.
15. MAIDEN NAME Loura Chrw 16. BIRTHPLACE (city or town) may land	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mis: Laura Maguide	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Derwood - Mill 18. BURIAL, CREMATION, OR REMOVAL	
Place Puckeville UnisyDate Oct 27, 1932	Manner of injury
19. UNDERTAKER Wm. Pruben Damphing	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Phochwelle mod	If so, specify
20. FILED 10 /27 ,132 Mrs. W. 1. Pract	(Signed) If Moretail M.D.
Registrar.	(Address) - (tuthen my 199

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of cpilepsy 1 weck ogo Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

FOR BINDING

MARGIN RESERVED

V. S. No. 1

3.

5a.

7.

OCCUPATION

12.

MOTHER FATHER

17.

19.

20.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
. PLACE OF DEATH	(53)
County Minly	Registration Dist. No. 217
Village or City Olsey mil	grand Ced Sen Horas St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mssds.
. FULL NAME BYROW It mil	lecom p
(a) Residence: No.	U.St. Ward 22
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Eleann Millie	22. HEREBY CERTIFY, That, I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw h. de alive on 10/22/ 1932 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
5/ 2 // day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Morkman, R. R. SAWYER, BOOKKEEPER, etc.	wer as follows: Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Perho-prelond god 21/32
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Canses of importance:
BIRTHPLACE (city or town) (State or country)	
13. NAME / Frey priller.	ontesting Of smile 10930/
14. BIRTHPLACE (city or town)	Name of operation of party Date of 97/1/3
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Proce Jaudent	Reath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) /	Accident, suicide, or homicide?
INFORMANT Mrs 13 H Miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) toucherdry/12	
Place Jackhusbur Date Och 25, 1932	Manner of injury
UNDERTAKER & Tapashing	24. Was disease or injury In any way related to occupation of deceased?
(Address), Sait juntony M	off so, specify A
FILED OC 24, 1932 C, S Barnsley.	(Signed) M. D.
// Registrar.	(Address) Jana

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
		GRAHORA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year
	!		

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIA
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FIRST NAME OF DECEMBED one ed from HRYON to BYHON by personal a thorization of Mrs. B. H. Miller, w fe.

77 /3 0 /20

7

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11083
1. PLACE OF DEATH	45
County / Mmlgang	Registration Dist. No. 211
Village or City Clarky. Monly	No.7 Cel Dan For St., Ward (If death organized in a horpital or institution, give it NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 2.7. Chaptel R. St. P. C.	Rossert Ward Del.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) , 193 Z , (Year)
5a. If married, widowed, or divorced	(month) (day) (tear)
(or) WIFE of Teachan Margan	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4//3//878-	I last saw h Langalive on 10/2/1982 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 16. a.m.
54 3 8 1 day,hrs	were as fullows.
8. Trade, profession, or particular kind of work done as SPINNER BLOOK	Date of onset
kind of work done, as SPINNER, Slocksmith	Corcerona y Face 11/13
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	+ Jongin /
1D. Date deceased last worked at this occupation (month and p/// 2.	Primary, ademocarcinomon of tongues.
year) occupation	Olher Contributory Causes of importance:
12. BIRTHPLACE (city or town)	6
(State or country)	- Imma Caccinondosis 6/1/3
13. NAME Sound Morgania 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) - Mass-	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME amus Shackelpark	23. If death was due to external causes (VIQLENCE) fill in also the following:
15. MAIDEN NAME amus Shackelper h	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT My Cally Mingo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fash Date of 2 182	Nature of injury
19. UNDERTAKER LED Wine Ci See	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jeh 2 1932 C Barnsley,	If so, specify (Signed) M. D.
Registrar.	(Address) / DM-1
If more blanks are needed, address blate Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	
death and related causes follows:	Date of onset
	1 week ago
O HASSEL O	1 week ago
2881 Z 70N	3 days ago
ses of importance:	1 year

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY PHYSICIA	IN
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Example I Example H The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

V. S. No. 1

STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	085
1. PLACE OF DEATH			95-E)	6
County Montg Co			Registration Dist. No. 2/	X
Village or City Gaither	shurg	Md	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where	daath occurred 5.	7 yrs. 4 mos	to the second of	ds.
2. FULL NAME Columbus	Murr	У		
	ersurg	Nd	St., Ward.	
PERCONAL AND CTATICS	(Usual place		If nonresident give city or town and St	ato
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		RIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male Col	OR DIVORCE	D (write the word)	(Month) (Day)	193. ² (Yaar)
ia. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERT1FY, That I attended de	ceased from
(or) WIFE of Hattie Lu	av 27	1975	17737	19 3 2-
5. DATE OF BIRTH (month, day, and year)	lay 21	1810	I last saw h alive on (100 22 , 193 2;	death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at LOLBOA-m.	
1875 57 4	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborer.		4 0	
The sale and the s	hout D	+	Dante Cardina. Baletastini.	11-22-2
work was done, as SILK MILL, SAW MILL, BANK, etc.	Loout a	roi.e		
10. Date deceased last worked at this occupation (month and	spe	ime (years) / O		
year) pet 192		upation	Other Centribatory Causes of importance:	
2. BIRTHPLACE (city or town) - Honte-				
5 3. NAME ROBERT Murry	/		mplituitions	12:28:2
14. BIRTHPLACE (city or town)	hand		Name of operation Date of	
(State or country)	- y do touthfoir		What test confirmed diagnosis? Was there an auti	opsy?_b_
15. MAIDEN NAME Fannie	Tyler		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)Md_			Accident, suicide, or homicide? Date of injury	, 19
(State or country)			Whera did injury occur? (Specify city or town, county and State)	
(Address) Gaither	irry Csburg	₩đ	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	F
8. BURIAL, CREMATION, OR REMOVALO VE	oct	26 32	Manner of Injury	
Place	Date	, 19	Nature of injury	
19. UNDERTAKER	w		24. Has discase of injury in any way telated to occupation of deceased:	no
(Address) Sau	there be	of hat.	If so, specify Storchart	
FILED ICT 1 45, 1932 VI BERIL EUR 21 CUSTON Registrar.			(Address) Asia hadrana	m. J.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

1. PLACE OF DEATH

11086

	2
- 11	Registration Dist. No.
	No. Most to get syste or sty ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
03,	
_ 4	St., Ward.
_	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. HEREBY CERTIFY, That I attended deceased from
7	OCT 27, 1992, to Oct 309, 1992
	last saw held alive on Oct 30 , 1932 death is said
	to have occurred on the date stated above, at £ 20 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Date of onset
5	Typhoid fever 10/15/22
H	

4	
100	Other Contributory Causes of importance;
4	Intestinal hemorrhage 2/26/29
	792
	10-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
	Name of operation
-	What test confirmed diagnosis? Oggstuseton Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
-	
9	Manner of injury
4	Nature of injury
	24. Was disease or injury In any way related to occupation of deceased?
	If so, specify
-	(Signed) Charles mullison
	(Address) Stated Apring M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 12

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

No. 1 τå PLACE OF DEATH

County Morely outery	93-0 CERTIFICATE OF DEATH
In the same of the	Registration Dist. No. 02 / X
Village or City / Leiseing fam (No.	St.; Ward) (If death occurred a hospital or instit
2 FULL NAME alice. M.	Powell tion, give its NAME i stend of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWERD Veugle Write the word) (Write the word)	16 DATE OF DEATH October 17th, 1932
6 DATE OF BIRTH	(Mosth) / (Day) / (Year).
april. 111. 1850	Oet 17-19\$2. to Oct, 17, 1, 1982
(Month) (Day) (Year)	that I last saw her alive on Oct. 17th, 1923.
7 AGE [If LESS than	and that death occurred on the date stated above, at 3:15 P
75 / 1 day hrs	The CAUSE OF DEATH * was as follows:
yrsds. ormin.;	
(a) Trade, profession or particular kind of work	Club Audigestion and
X(b) General nature of industry	Cherrie Myocardelis
business, or establishment in which employed or (employer)	(Duration) yrs. mos 3/2 Z
9 BIRTHPLACE	Contributory ONRAULE My o Condition
(State or country) Jamesou - Carrell	wys Thousailor yrs mos
10 NAME OF James Mc Relny	(Signed) Heerly S. Drown M.
IN II BIRTHPLACE	- Dex 17-1982 (Address) Telescenten Le
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Harriet Durrow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Sermesse	of death yrs mos ds. State yrs mos where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) faulry Jace 24	usual residence
(Address) Sulfford 3nd	mighten county. Date of Burial Principles of 19, 193
Filed Oct 18 1982 Cet de Registral	Whenber Tumber Brokville
If your hards are maded added a State Magistra	16 W. Suratora St. Balto. Equesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day sary to know cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemand, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborer-Coul minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-For many occupations a single word or term on yrs. For persons who have no occupation who are engaged in the duties of the Stationary fireman, etc. But in many (a) the kind of work and also (b) the Architect, person, irrespective of Locomotive engineer,

Struement of Cause of Death—Name, first, the DIS-EA: 5 (1981NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosfinal meningitis"; Dishiburia (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsis, eurbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, Chronic etc. The contributory valvular heart disease; affection need Measles; not be etc., or

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERM WITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE PLAINL

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County // mlamery	CERTIFICATE OF DEATH
	est to	Registration Dist. No. 263
0.00	Village or City William (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stend of number.)
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
o won	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1932. to 1932. that I last saw have alive on 1942.
	7 AGE 7 AGE 1 day hrs. or min.?	and that death occurred on the date stated above, at 4.5 Pm The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Cerebral homoratings (Duration) yrs. mos 6 ds. Contributory hypertention
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER BUCHALLA Robust 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
	(Address) RF & Saillersburg Md 15 Filed (ed. 3/ 1982 Ufit O Noune M.) Registrar	Date of Burial OR REMOVAL Date of Burial Cel 4', 19 52 Ruhen Purply Rockolle
-	If more blanks are needed, addras Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write None. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement nature of the husiness or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, Oğ. For many occupations a single word or term on be used only when needed. As examples: (a) yrs). Farm laborer, (b) Cotton mill; (a) Salesmon, (b) At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The n ture of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) approved Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bro :hopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, (secondary Chronic Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., o: FOR VIOLENT DEATHS State MEANS OF INJURY ascertained as the cause. Always qualify all interstitial nephritis, by eough; or intercurrent) affection need not be ass important. Example: Measles (disease Committee on Nomenclature Chronie vulvular heart disease, etc. The contributory death

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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INT RECORD MARGIN RESERVED FOR BINDING PERM A WITH UNFADING INK--THIS

V. S. No. 1

N. B.--

	PLACE OF DEATH	STATE OF MARYLAND
	County Montgomen	CERTIFICATE OF DEATH
		Registration Dist. No. 2
	Village or City Sulvey Spring (No. 8624 4)	orgra Yvenush Ward) (If death occurred in a hospital or institution, give its NAME In
	2FULL NAME Dellie Julia	Sawyer stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 , 19232 (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Seften 4, 19232, to October 4, 19232, that I last saw h & alive on October 4, 1923.2,
	7 AGE If LESS than I day,	and that death occurred on the date stated above, at 5.509 m. The CAUSE OF DEATH * was as follows:
	B OCCUPATION (a) Trade, profession or particular kind of work	Solar Polemonia
1	particular kind of work Showlewile (b) General nature of industry	
1	business, or establishment in	(Duration) yrs. mos. ds.
	which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Durstion)
	10 NAME OF Gubal Wheeler	(Signed) H. H. Howles and M. D.
	OF FATHER (State or country) Brighort Vermont	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER This E. Wolcott	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country) Minesola, New York	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) John S. H. Lawyer	Former or usual residence DATE OF BURIAL DATE OF BURIAL
	(Address) 8624 Glorgia un Tibrifilina	Hashington 136 Oct 4. 1932
	Filed Och 4 1982 J.S. Ondly Registrar	F Gliers Some les Hash UB
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11089

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the the first line will be sufficient, e.g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Wom-9 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERFERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection necd etc. The contributory valvular heart disease Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ECORD. Every item of infor-it. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. H UNFADING INK-THIS IS A PERMANEN

MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, V V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Mondamery	Registration Dist No. 1
Village or City Gurling Will	No. A T. D. Roschwall (WSt., Ward f death occurred in a Rospilal or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Umanud- trems	Line I grant & chwartzback
(a) Residence: No. Rechartle led New	weg stilling.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 25 193 -	I last saw h alive on & 26 1932 death is said
7. AGE Years Months Oays If LESS than	To have occurred on the date stated above, at
1 day 1 hrs. or d min,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Promedia bilt
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Current NO anstrum act 754
Industry or business in which work was done, as SILK MILL,	13
SAW MILL, BANK, etc.	V
10. Oate deceased last worked at this occupation (month and year)	
ON AHOD IN MA	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Themaling britt
13, NAME VALUE Salvalated	
O. O. O. O.	
(State or country)	Name of operation Date of
15. MAIOEN NAME 12 10 da M. Carter	What test confirmed diagnosis?
Carrato Ch	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
The Salage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Product, in nome, at in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Villand A Father & Sury,	Nature of injury
19. UNOERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 26, 19.3 . Un Dhourf 16.0 Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Jo a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ECORD. If nonresident give city or towo and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) classified. 5a. If married, widowed, or divorced BINDIN HUSBAND of 22. REBY CERTIFY, That Lattended deceased from (or) WIFE of 6. DATE OF BIRTII (month, day, and year) properly 7. AGE Months If LESS than to have occurred on the date stated above, at ____ FOR 1 day ... 0 The PRINCIPAL CAUSE OF DEATH and related causes of importance or__el_min. 8. Trade, profession, or particular PATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc ... Industry or business in which may back work was done, as SILK MILL SAW MILL. BANK, etc.... 11. Total time (years) Ö 10. Date deceased last worked at this occupation (month and spent in this that occupation ___ Other Contributory Causes of importance MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation in plain (State or country) Was there an autopsy?____ carefully What test confirmed diagnosis? MOTHER important 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. CAUSE OF (Address) 18. BURIAL, CREMATION, OR REMOS Manner of injury mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

(Address)

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over, If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 110	92
1. PLACE OF DEATH	(93	
County Montgomery.	Registration Dist. No. 2	V 223
` ~ //	No. Washington Soutorum & Horstist., death occurred in a hospitalor institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where death occurredyrsmos.		mber)
San 12		
THE THE CONTRACTOR OF THE PARTY	COSTA	
(a) Residence: No. 8507 1 2 Clue. Words de M. (Usual place of abode)	X. St., Ward. If nonresident give city or town and St	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ctober 16 (Month) (Day)	193 2 (Yaar)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY. That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	1 last saw h alive on 07. 151 , 132;	death is said
7. AGE Years Month: Days I LESS than	to have occurred on the date stated above, at L. 1.8.Q.m.	
74 8 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Trade, profession, or particular kind of work done, as SPINNER,		Oate of onset
SAWYER, BOOKKEEPER, etc.	alle Vililation of Heart	02/14,32
work was done, as SILK MILL, Jovernment		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SINK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation		
7114	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	arterio school	1966
	Mysesseller	1.73.0.
H C C C C C C C C C C C C C C C C C C C	- Marketing	1.76.2.
14. BIRTHPLACE (city or town)	Name of operation	lonev2 N
15. MAIDEN NAME Mary File Hugh	23. If death was due to external causes (VIOLENCE) fill in also the following:	орзу:
15. MAIDEN NAME Mary Fils Lugh 16. BIRTHPLACE (city or town) Pappuhancock Ru (State or country)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Similarium Records (Address) Lakerina Park md.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Uppequelle Va Pate Vel 8 ,1932	Nature of injury	
19. UNDERTAKER It almer Shumstyrey.	24. Was disease or injury in any way related to occupation of deceased?	1/0
(Address) Rapille M.	If so, specify	
20 FILED Colo 16 1932 7-6. Washing A	(Signed) Sect S. Hazur	M. D.
Regintary	(Address) 8512 Hea ave:	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA.

Exact statement

5

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	11493
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1. PLACE OF DEATH	
County // C	Registration Dist. No. 214
Village or City Colemnal C	No. St. Ward
Length of residence in city or town where death occurred vrs. mo	f death occurred in a hospital or institution, give its NAME instead of street and number) s
110 0 7	s
2. FULL NAME Helen Herling	er sund h.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 0.7. 2.3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan, 13, 1913	I last saw harmalive on O. A. 2.), 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.19 -m.
19 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Lobay Presumoning Day
9. Judustry or business in which	1432
Work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Bunt Will	Other Contributary Canses of Importance:
(State or country) 11 to ta.	Bosses 1. 1. : 017.
13. NAME O Peter Smith	152
13. NAME O State of country) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME Lillie Language	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Hanh	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT I Smill (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manual
Place Speldforthe Date 0125, 1931	Manner of injury
19. UNDERTAKER Grand Lings Line Many (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 24, 1932 Follow Registrar.	(Signed) M.D. (Address) Litres M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1100x
County Nort gowly	Registration Dist. No. 1
Village or City or or Cast Telen	NoSt., Ward
Length of residence in-sity, or town where death occurred 5 yrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Was Commended	a IND
2. FULL NAME CUMUL COMPELIAR SIN	app.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH ON 1932 (Year)
To If married, widowed, or divorced HUSBAND of Corp. WIFE of Corp. W. Anapp	22. I HEREBY CERTIFY, That I attended deceased from 22. 193 to 0 4 19 193 to 1
6. DATE OF BIRTH (month, day, and years leve 34, 1908	Chast saw han alive on O 4. 17, 193 2 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-30 p.m.
24 7 26 1 day,hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER focusivife SAWYER, BOOKKEPER, etc.	Pulmon and Tubles
9. Industry or business in which work was done, as SILK MILL,	Tuberculon
SAW MILL, BANK, etc	9,31,32
10. Date deceased last worked at this occupation (month and year) year) occupation	
Warney Marine	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) The Man State or Country)	Pl Bonchit Work 71
13. NAMESSANDS A. Reneral	Charles of Acoustic Songing
14. BIRTHPLACE (city or town) A walled County	Name of operation.
(State or country)	What test confirmed diagnosis? X and Postice of Was there an autopsy?
15. MAIDEN NAME Sertrust Cox	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Uryusta, Co	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MINH A XNAPP. (Address) Forlat Sun, West.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL VILL DATE OX 23, 1872	Manner of injury
19. UNDERTAKER Scharb Moawles (Address) Wall, D.C.	Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILEOCAP 19 , 1932 F Dudly & Registrar.	(Signed) Adjust M. D. (Address) film spring M.
If more blacks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		and daylacadil	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE

Z.

PLACE OF DEATH	STATE OF MARYLAND
County Monteymery	CERTIFICATE OF DEATH
De of a	Registration Dist. No. 716
Village or City Chery Chesto. 16	Ward) (If death occurred in a hospital or institu-
2 FULL NAME Patrick H. X	flugful. tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 3 , 1932 October (Month) 3 (Day) /932 (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw him alive on Oct. 3 1932
7 AGE If LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or Putting particular kind of work	Brousho freumania
(b) General nature of industry business, or establishment in	(Duration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
Tient length. Oug.	(Duration)
FATHER bulguer steepul	(Signed) John D. M. D. Det 4 1920 2 (Address) 766 Port G. Ch. Rd
UN STATE OF FATHER (State or country) W	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cohauna Scanlar.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Les Sugrue.	Former or usual residence
(Adfress) 160 - Delly st. Chicle kg	Washington De, Car. 6-, 19 32
Filed 10-4-1922 flower lower	J. J. Costello wach. D.
If more banks are needed, addre a State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11095

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more previous relationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less définite; ayoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1	. PLACE OF		-		(93-c)		COSTO
		Mon ton	Ulg. a / , 47 's			Registration Dist. No.	2/3
		ity 150 c/ft		(If	No. Chestnut A death occurred in a horpital or institution	on, give its NAME instead of street at	nd number
			_		26ds. How long in U.S. if of	oreign birth?yrs	. mos.
2	. FULL NA	ME LOUV	15a E.	1 hor		, , ,	
	(a) Residence	ce: No.	(Usual place of	abode)	St., Ward. Wa	If nonresident give city or town	and State
Berner	PERSON	AL AND STATIS	TICAL PARTIC	ULARS	MEDICAL CE	RTIFICATE OF DEATH	1
3.	Emale	4. COLOR OR RACE	S. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH	Tober 22 (Menth) (Day)	, 193
5a.	If married, widow HUSBAND of	ed, or divorced			22. I HEREBY	CERTIFY, That Lattend	led deceas
	(or) WIFE of	Mr. W. G.	homa	6		927,10 UCT 22	All the same of th
6.	DATE OF BIRTH (month, day, and year)	Oct. 25	1859	I last saw h alive on C		
	AGE Yea		Days	ff LESS than	to have occurred on the date stated		
	7.	2 11	27	l day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importance	Date
z	8. Trade, profes	ssion, or particular york done, as SPINNER,	1/ 0		Toxemi	a from	
110	SAWYER,	BOOKKEEPER, etc.	Wond		decupito		
UPA	work was	business in which s done, as SILK MILL, L. BANK, etc			GECUBITO	S	
OCCUPATION	10. Oate decease	ed last worked at	11. Total tim	e (years) in this			
	year)	pation (month and	остир		Other Contributory Causes of import	lance:	
12.	BIRTHPLACE (cit		mtucky	/	Chronic	Myocardif.	<i></i>
ER	13. NAME H		la.				
FATHE					Name of operation	Date o	of.
FA	14. BIRTHPLACE (State or		1.			Was there	en autops
ER	15. MAIDEN NA	ME Loriga	Sleward		23. If deeth was due to external caus	es (VIOLENCE) fill in also the follow	wing:
MOTH	16. BIRTHPLACE	(city er town)	<i></i>		Accident, suicide, or homicide?	Date of injury	,
M	(State or	country) / Z	7.		Where did injury occur?	(Specify city or town, county and	State)
17	INFORMANT	Mrs C. E!	D- St-, Cc	h. Chase	Specify whether injury occurred in	INOUSTRY, in HOME, or in PUBLIC	
18		TION, OR REMOVAL	. Oate /0/23	/32,19	Manner of injury		
19	UNDERTAKER _ (Address)	Homas S.	SERGE	0.N	24. Wes disease or injury in any wa	y related to occupation of deceased?	N
20	FILED 10/23		ms. H. T.	Prest.	(Signed) (Address)	in M. Bue	Ma

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V. DARSIUS.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See but certificate for change in date of love

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

		(1/8)	18
County Montg Co.		Registration Dist. No. 2	10
Village or City Gaithe	ersburg Md	NoSt.	Ward
Length of residence in city or town where		If death occurred in a hospital or institution, give its NAME instead of street and nos	
2. FULL NAMESamuel_	B Walker		
(a) Residence: No. Gai		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR: OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	h F. mullican	22. I HEREBY CERTIFY. That I attended to	deceased from
6. DATE OF BIRTH (month, day, and year)	Fob 05 1866	1 last saw him after on 10 24-132	; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 30 Am.	
T865 67 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER,	General Meds	A Audiant	
SAWYER, BOOKKEEPER, etc.	A A	acute dangestion	123/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	pentero helper		
O lead this occupation (month and	11. Total time (years) One	/	
year) - Quit humm	occupation 77Mon	Other Contributory Causes of Importance :	
12. BIRTHPLACE (city or town)	tucky	other states of importance.	
(State or country)	270		
13. NAME James Walke			
13. NAME James Walke	er uckey	Name of operation	
13. NAME James Walke Kenti 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an a	utopsy?_ %
13. NAME James Walke Kenti 14. BIRTHPLACE (city or town) (State or country)			
13. NAME James Walke Renty 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Ruth Renty 16. BIRTHPLACE (city or town)	watt wekey	What test confirmed diagnosis? — Was there an at 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? — Date of injury	
13. NAME James Walke 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Watt wekey	What test confirmed diagnosis? Was there an all 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	:, 19
13. NAME James Walke 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Nrs Samue	Watt wekey	What test confirmed diagnosis? Was there an ai 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	:, 19
13. NAME James Walke 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Ars Samues (Address) Gait	Watt uckey 1 Walker thersburg Md	What test confirmed diagnosis? Was there an ai 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:, 19
13. NAME James Walke Kenti 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Ars Samue (Address)	Watt uckey 1 Walker thersburg Md	What test confirmed diagnosis? — Was there an ai 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? — Date of injury — Where did injury occur? — (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:, 19
13. NAME James Walke 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Samue. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place On COrdia	watt uckey Natt uckey Natt uckey Malker thersburg Md Kansas Oct28 3	What test confirmed diagnosis? Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Manner of injury Nature of injury	:, 19
13. NAME James Walke Kentu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Samue (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Ernest C	watt uckey Nalker thersburg Md Kansas Oct28 3 Oate 19	What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	:, 19
13. NAME James Walke Kentu 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mrs Samue (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Ernest C	watt uckey Natt uckey Natt uckey Malker thersburg Md Kansas Oct28 3	What test confirmed diagnosis? Was there an au 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA Manner of injury Nature of injury	:, 19

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RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1 13 2 4 3

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Example I	6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURKAU V. B			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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2

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	TORY IS ADN	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	India 2	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

B. ż

STATE OF	MARYL	AND-CERTIFICATE OF DEA	TH
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1. PLACE OF DEATH	(93-0)
County montgomercy	Registration Dist. No. 213
Village or City Jeannantours ma.	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign hirth?
2. FULL NAME Valeria D. Water	·
(a) Residence: No. Documentoum, Md. (Usual place of abode)	. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	WC1, 21 193-U
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
beasest south of Horace O. Waters, deceased	22. HEREBY CERTIFY, That Lattended deceased from
	July 7 ,1932, to UCI 2 ,1932
6. DATE OF BIRTH (month, day, and year) May 6, 1853	I last saw h. 12 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 P.m.
79 4 26 orhr	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	of hard house
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caroune rejocatoria
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1923
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	
O this occupation (month and spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Janes Purnsolvay 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIOEN NAME Rollega Comme 20	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
2 (State or country) maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT These madeline leaters	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sommanton	Manager of Indian.
Place Reelawella Comatarypie Oct. 5 - 193	Manner of Injury
	nature of injury.
19. UNDERTAKER Warner E. Pumphrey	24. Was disease or interview and related to occupation of decoased?
(Address) Rocherilla, Orld	If so, specify (Sirent) A
20. FILEO 10/5 1932 Mis. 26. J. Trall	(Signed) My D.
Registrar.	(Address)

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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10.—The month and year the deceased last worked at the occupation. 9.--The industry or business in which the work was done.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary eugineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

Example II of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death, -Cause of death means the disease, injury, or complication which causes death, not the

		1	
rnoli 1	Other contributory causes of importance: Gastroenteritis	2.881,1 yoM	Other contributory causes of importance:
	RECEIVED		
obv slivp g	Perilonilis	LZ6I'gfinf	Cerebral hemorrhage
ा १६६५ वर्ष	Kun over dy street car	1261	Chronic interstitial nephritis
I week ago	Attack of epilepsy	9161	Arterioselerosis
feano to etsd	The principal cause of death and related causes of importance were as follows:	facino to afed	The principal cause of death and related causes of importance were as follows:
	Example II		Example 1

1. PLACE OF DEATH	
79	
	t. No. 7-16
Village or City Chevy Chase, Md. No.	St., Ward
(If death occurred in a hospital or institution, give its NAME inst Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?	
2. FULL NAME Frances H. Wilson,	
(a) Residence: No. 9 West kirke St., Chevy Charse Ward.	-
(Usual place of abode) If nonresident give	city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	F DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed (Month)	(Day) (Year)
5a. If matried, widowed, or divorced NUSBAND of	
(or) WIFE of David Wilson 22. HEREBY CERTIFY.	That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec., 13th., 1842 I last saw h alive on G	, 19 3 Z; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 3.1.3.0.6	
98 8 9 9 33 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Tate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	turns 19.3.2
year) occupation Other Contributory Courses of importance: 12. BIRTHPLACE (city or town) (State or country) Scotland	unal
13. NAME Thomas A. Crichton 14. Birthplace (city or town) Name of operation	
(State of country) SCOLIBIA What test confirmed diagnosis?	Date of
15. MAIDEN NAME Celia Rebecca Smith 23. If death was due to external causes (VIOLENCE) fill in a	also the following:
15. MAIDEN NAME Celia Rebecca Smith 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Celia Rebecca Smith 23. If death was due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide? Where did injury occur?	
(Specify city or town Specify whether Injury occurred in INDUSTRY, in HOME, (Address) # 9 west Kirke St., Chevy Chase	n, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Assisting a. Date of Manner of injury Nature of injury	
19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation If so, specify (Signed)	of deceased? ZL
20. FILED Delay 7 -, 19 3 Z Mark of Registrar. (Address) 3 9 Z / A Constant of Solver Registrar.	the state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		The state of the s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.
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BINDING

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STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIMIL		IVIAIL	AIYU.	CLIVIII		OI.	DEA !!

1. PLACE OF DEATH						
	County_//	willyone	AL		Registration Dist. No. 223	
10	Village or Ci	ity Takema	Mark		No. Wash Saux 11 cap - St., Wal	ird
	(30-0-37-00)				death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of resid	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth? yrs. mos. c	ds.
2	. FULL NAM	ME MAM	anned o	Infant &	1 Neldow 6. " Blanche Nove	
	(a) Residence	ce: No. 5/2 Cean	vel are	/	St., Ward. Takoma Ok mo	
-	DEBCON	AL AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	pagino
3	SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	
	Fruare	1. color or race	OR-DIVORCE	D (write the word)	27 193 2	-
50		1 1	Jan	ngu	(Month) (Day) (Year)	
Ja.	HUSBAND of (or) WiFE of	ed, of alvoicea		V	22. I HEREBY CERTIFY, That I attended deceased from	rom
-	(01) #11 E 01		6 1/		Och 27 , 1932, to Con 27 , 193	2
6.	DATE OF BIRTH	month, day, and year)	el 2/ ".	32	I last saw h & alive on 21 18 OULT, 19 12 death is se	oid
7	AGE Year	rs Months	Days	If LESS than	to have occurred on the date stated above, at D. c. 3 m.	
1	Stilborn			orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	_
z	8. Trade, profes	sion, or particular			Date of onse	Tet
150		ork done, as SPINNER, BOOKKEEPER, etc.	9		Weleclass,	
OCCUPATION	work was	done, as SILK MILL, L, BANK, etc	uux -			
000	10. Date decease			ime (years) nt in this		
	year)			upation	Other Contributory Canses of importance:	
12.	BIRTHPLACE (cit	y or town) Jake	ma fai	R D D	none - fresh not and me	
	(State or coun	try)	ma	MICHNA-	mother wat very	
ER	13. NAME	Werden	1 than		almig,	
FATHER	14. BIRTHPLACE	(city or town)	ucheg o	in	Name of operation	
L	(State or		0 0 0-	- 2	What test confirmed diagnosis? Was there an autopsy?	
ER	15. MAIDEN NAP	ME Blanch	e delu	rev	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE	(city or town) PE	via-		Accident, suicide, or homicide? Date of injury, 19	
Σ	(State or			0 10	Where did injury occur?	
17	INFORMANT	RESPORT-	- El - Ba	darde.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	(Address)					
18.	BURIAL, CREMATI	ION, OR REMOVAL	1 / 1	7 97	Manner of injury	
	Place ORG	ear rece, mg	Date	ا 195 کے	Nature of injury	
19	UNDERTAKER	A. B new	rux -		24. Was disease or injury in any way related to occupation of deceased? U.C.	
	(Address)	washington	,06	***************************************	If so, specify	
20	FILED COCK	7. 7 10 36	AFE(X)	20001	(Signed) Naurella & M. M.	. D.
20,	TILED COLUMN	defens, 13-Wittensonly	y-deplessed	Registrar.	(Address) 905 a wall are	
				17		A 100

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

24.0			
The code			
			Water Allen
			4.2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH	
1. PLACE OF DEATH	82-0 11104	
County Montgomen	Registration Dist. No. 2/4	
Village or City Silver Specing Tend.	No Maplewood Saintaring St., Ward	
Langth of residence in city or town where death occurred,yrs,r	(If death occurred is a hospital or institution, give its NAME instead of street and number) nos, ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
2. FULL NAME adolph lerome	Seller	
(a) Residence: No. 8720 Freed an	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Ocler ber (Month) (Day) (Yaar)	
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from	
(or) WIFE of	March 15 1932 10 19	
6. DATE OF BIRTH (month, day, end year) Sept. 5-18-11	I last saw he alive on OCT 27 19.3 death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5/30 Pm.	
58 / 22 1 day,h	were as follows:	
8 Trade profession or particular	Date of onset	
kind of work done, as SPINNER, Conferences Helper		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK Mill, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Level HEmorteage	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation		
12. BIRTHPLACE (city or town). How Osleans (State or country)	Other Contributory Causes of importance;	
13. NAME 2	ywanshard	
E Select		
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation	
E 15. MAIDEN NAME ? Prince & Friends	What test confirmed diagnosis? Wes thara an eutopsy?	
16. BIRTHPLACE (city or town) 2	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
(Stete or country)	Whera did injury occur?	
17. INFORMANT Elles Files (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Alexandre Old 97, 193:		
19. UNDERTAKER Alle ains 9 Son	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 17727, 1932 DE Dendly & Repitrar.	(Signad) Alland S. Muballand M. D. (Address) 2012 - R. St. aw Wash &	
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ROBE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year